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Country note**

Pacific island countries

Summary

The Executive Director presents the country note for a multi-country programme for 13 Pacific island countries (Cook Islands, Fiji, Kiribati, the Marshall Islands, Federated States of Micronesia, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu) for the period 2003 to 2007.

The situation of children and women

1. The 13 Pacific island countries have populations ranging from less than 2,000 (Tokelau and Niue) to more than 800,000 (Fiji), for a total population of some 2 million people living on hundreds of islands over thousands of square miles of ocean. About two thirds of the populations live in rural areas, but out-migration to other countries as well as migration to small towns and cities have become a significant trend for the Pacific island countries, thus influencing society and family structures, the need for services and rising unemployment. The vast distances between communities, combined with associated travel and communication constraints, create ongoing challenges for Governments in delivering services to remote communities and vulnerable populations.

2. While more children now survive birth and infancy, attend school, complete their basic education and live in households with proper sanitation and safe drinking

* E/ICEF/2002/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

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water, disparities in living standards are widening. Societies that were once fairly egalitarian now have visible poverty, especially in the squatter settlements that ring the towns. Some rural areas also have people who are very vulnerable to poverty, with little cash income for the costs of schooling and other priorities for children.

3. Pacific island countries have achieved quite different levels of development. Broadly, there are three groups. The smaller island States (Palau, Cook Islands, Niue), with Tonga, Samoa and Fiji, rank highest. Tuvalu, Federated States of Micronesia and the Marshall Islands are in the middle range. Kiribati, Vanuatu and Solomon Islands are at the lower end of the scale. The infant mortality rate has declined steadily in the region over the past decade, although it is still high (between 37-63 per 1,000 live births) in Vanuatu, Solomon Islands, Kiribati and the Marshall Islands. The leading causes of death in children under the age of five years include acute respiratory infections, diarrhoea, malaria (Vanuatu and Solomon Islands), perinatal complications and injuries. In Federated States of Micronesia, the Marshall Islands, Kiribati, Vanuatu and Solomon Islands, the child survival goals remain particularly important to reach. In Solomon Islands, over two years of civil strife have left the economy devastated, with a resulting decline in government services. The country is dependent on development assistance for running schools and health centres.

4. Sustainability of the Pacific island countries immunization programmes has increased, with hepatitis B vaccine now included in the Vaccine Independence Initiative. The Pacific is polio free, and no confirmed measles cases have been reported in four years. In most countries, more than 80 per cent of the infant population have been immunized, but the management of services needs improvement in some provinces/districts with low coverage rates. For Solomon Islands, the political crisis and resulting resource constraints have caused slippage to below 50 per cent. Malnutrition rates, as measured in under-weight children, vary from almost nil in most Polynesian countries to 6–23 per cent in the Marshall Islands, Fiji, Federated States of Micronesia, Vanuatu and Solomon Islands. Nutritional disorders begin with poor infant feeding practices and continue with many Pacific island children eating unhealthy and inappropriate foods. Anaemia and obesity are now common problems among children and young people. The elimination of micronutrient deficiency has not yet been achieved. Kiribati, Federated States of Micronesia and the Marshall Islands have some of the highest vitamin A deficiency rates in the world.

5. The quality of education in the Pacific island countries is still a major problem, with rote learning methodologies, a lack of resources and untrained/unmotivated teachers. For the young child, there is a lack of effort by Governments and non-governmental organizations (NGOs) to address the need for early stimulation and psychosocial development of those under the age of two years. The proportion of children enrolling in primary school is high in most Pacific island countries; however there are still a number of children missing out through non-enrolment or dropping out. Households are being required to assume the increasing, and often unmanageable, costs associated with schooling. In many areas, discrimination exists, with access to basic education limited by distance, poverty and/or disability. The gender gap in primary and secondary school enrolment is closing, although gender issues such as early female drop-outs, the lack of gender sensitivity in the school curriculum, and patterns of violence against girls and women require attention.

6. Adolescents face increasing difficulty moving from childhood to adulthood, as indicated by their alarming suicide rates, increasing abuse of alcohol and other drugs, involvement in criminal activity and engagement in high-risk sexual behaviours. The spread of HIV/AIDS is increasing, and the prevalence of sexually transmitted infections (STIs) remains high, especially for young people. Pacific migration, the population's youthful age structure, limited economic opportunities, increasing poverty, low status of women, increasing substance abuse, lack of treatment for STIs, and the growing conflict between traditional and modern values are some of the factors contributing to the spread of HIV/AIDS. While there are relatively few recorded cases of HIV infection in Pacific island countries, there is the potential for a major crisis in these small island States. There are also increasing numbers of children and young people living on the street, involved in pornography and prostitution. Legislation to protect children is inadequate in most countries, although some improvements have been made in areas such as adoption and juvenile justice.

7. The evidence of globalization is seen in the widening spread of information (especially foreign television shows and videos) and the increasing commercialization of resources such as timber and fish. The region is highly vulnerable to externally driven economic fluctuations and to natural disasters. Children and women are also vulnerable owing to the increase in ethnic and political violence in the region. Women have played a major role in advocating for peace in Solomon Islands. Although women's status in the Pacific island countries is improving, issues such as violence in the home, the lack of strong political representation and the non-ratification of the Convention on the Elimination of All Forms of Discrimination against Women are an indication of problems still to be tackled.

Lessons learned from past cooperation

8. Evaluations played an important role in identifying both the strengths and limitations of UNICEF and its partner. One donor evaluation (Australian Agency for International Development/New Zealand Official Development Assistance (AusAID/NZODA)) of UNICEF assistance documented the cost-effective approach of the hepatitis B project in reducing infection rates among children. Based on these results, counterpart Governments and donors have requested UNICEF to continue to support the expanded programme on immunization, with the possibility of eventually introducing new vaccines. A UNICEF evaluation of the community-based rehabilitation projects in Vanuatu and Solomon Islands highlighted the advantages and constraints of similar approaches for providing services to children with disabilities. It was recognized that government cooperation with the implementing NGO helped to ensure sustainability. The 1998 mid-term review (MTR), an in-house assessment and partner strategy meetings have all provided useful guidance for the development of a new programme of cooperation. The MTR noted UNICEF involvement in training and supporting 12 national children's coordinating committees to assume a more prominent role in advocacy and monitoring the Convention on the Rights of the Child. It has been through the leadership of these committees that six initial country reports on the Convention have been submitted to the Committee on the Rights of the Child. Six more reports are near completion, and two countries are drafting their interim reports. The committees have also advocated for child protection issues such as the review of juvenile justice practices in Vanuatu and support for children with disabilities in Fiji and Solomon Islands. As the committees are multisectoral in

nature, they have the potential to further advise UNICEF work in each country. The committees play an extremely important role in establishing supportive policies, and there is an opportunity to build the capacity of such local organizations to respond to children's issues.

9. A weak point was that UNICEF had not utilized the communications potential being developed in the region. Radio is the most accessible medium for reaching households in the Pacific, while television is available in most capitols and towns. UNICEF has developed strong links with many of the Pacific broadcasting companies, including for the first time, bringing the Children's Day of Broadcasting to the Pacific islands beyond Fiji. The potential in this area is enormous. Recent UNICEF support for communications capacity-building includes training partners in in-depth research (infant feeding practices in Fiji and Vanuatu) and media production (training for local language radio and video dramas in Federated States of Micronesia and Palau). With the development of new skills, there will be more opportunities for communication to become a major focus of UNICEF support in the new programme.

10. UNICEF funds were usually not sufficient to provide for implementing new initiatives on a national scale. They were, however, used effectively to create models of good practices that were then supported by national resources and/or donors. This was successfully done in a number of Pacific island countries, including with the pre-school programme in Vanuatu that now has wide government and donor support. Other examples include the health education project, that creates low-cost, local language videos, and the youth drama groups now initiated in various countries in the Pacific. UNICEF supports these models in areas such as youth life skills, juvenile justice, activity-based learning in basic education and behaviour change initiatives in early child feeding.

11. Data for the Pacific island countries are notably weak. The UNICEF MTR, the end decade reviews and the Education for All reports have all suffered from a lack of up-to-date figures and information. There are numerous donor-assisted projects for improving information systems. Through the United Nations Development Assistance Framework (UNDAF) mechanism, the United Nations family will provide vital support in this area. UNICEF will enhance the capacity of partners to help countries collect and analyse information related specifically to the well-being of children.

12. The MTR recognized the need for the programme to focus strategically on a limited number of priorities, resulting in some objectives being reformulated. The new programme will benefit from this experience by selecting areas where substantial impact can be achieved and by ensuring clear and measurable outputs. There is sufficient evidence based on key indicators of child development to suggest that three of the least developed countries (Vanuatu, Solomon Islands and Kiribati) require additional attention in order to reach the Millennium Development Goals and, in particular, to improve the lives of women and children. This cooperation will be situated in the context of the Common Country Assessments and UNDAFs currently being developed.

Proposed country programme strategy

13. UNICEF cooperation will focus on assisting the 13 Pacific island countries to further realize the rights of their children by strengthening the understanding and

capacity of regional and national partners with regard to the Convention on the Rights of the Child. This will be done by providing limited, but strategic, support to the better resourced countries, with a focus on those areas where UNICEF has particular expertise and where there is obvious synergy by working with all 13 countries. The priority will be on the earliest years of life and on adolescence. The programme areas will include rights advocacy, immunization, infant feeding and adolescent life skills. UNICEF will provide a link to United Nations and other international expertise and best practices. Support for training and communications will be provided based on available resources.

14. Three priority countries (Kiribati, Vanuatu and Solomon Islands) will receive broader support for programme implementation in order to reach the World Summit for Children goals and the goals of the UNICEF medium-term strategic plan (MTSP). An integrated approach to early child development (ECD), as described in the UNICEF MTSP, will be the basis of this support.

15. **Rights advocacy and protection** will be the core focus of UNICEF cooperation for all 13 Pacific island countries, with support to strengthen their capacity for promoting, monitoring and reporting on the Convention on the Rights of the Child. This will be accomplished by continuing to build the capacity of the 12 national coordinating committees for children, the provincial or state committees, and local NGOs through training, communications, improving information access, and facilitating the exchange of ideas between countries and institutions. Technical assistance will be provided for law reform efforts and the development of communications approaches. Support will be provided to Tokelau to consider ratification of the Convention as it is not included in the ratification by New Zealand. The programme will also build wider partnerships for children's rights by working closely at regional and country levels with institutions that support community-based organizations such as church groups and youth organizations. Partnerships with the private sector will also be enhanced for children.

16. Information and communication strategies will be developed to promote greater awareness of children's rights, women's rights, humanitarian principles and cross-cultural understanding. UNICEF will work closely with Pacific regional media partners, the Secretariat of the Pacific Community and the University of the South Pacific to improve the content and quality of information concerning children's issues. In addition, programming for children will be enhanced by making the Children's Day of Broadcasting model a regular feature on national radio and television. Within all aspects of UNICEF work, communications research and development will be utilized to help bring about behaviour change, for example, in child-care practices, adolescent health and HIV/AIDS. UNICEF cooperation will contribute to the improved protection of children by working with other partners to support the development of policies, legislation and good practices related to individual country concerns of child abuse, adoption, juvenile justice and disabilities.

17. An **integrated child health and development** strategy will support efforts to build models of integrated approaches to ensure that children receive the best possible start in life. All 13 countries will be covered by the Pacific-wide immunization project in which UNICEF provides assistance with vaccine procurement, training and communications. The World Health Organization (WHO) provides expertise and support for surveillance. NZODA and AusAID provide donor

support to these efforts, and the Japan International Cooperation Agency provides equipment and transport. Work in the area of micronutrients and child feeding, including the Baby-Friendly Hospital Initiative, will also continue to be supported through policy and technical support, links to the latest technologies and networking.

18. In the three priority countries, UNICEF will also support local integrated ECD models that are capable of wide replication. Aspects of these local projects will include ECD, home and health centre care for infants and young children, maternal health, early child feeding practices and micronutrients. Although interventions in these areas already exist, the new approach will be more integrated. This approach will, depending on the country, utilize the Integrated Management of Childhood Illness projects, the national pre-school projects, or the yet untapped village welfare groups and village volunteers. Basic education will only be supported when UNICEF assistance can be used to provide a national and regional model of good practice regarding child-friendly schools, as currently in operation in Vanuatu, because much of the donor assistance already targets other aspects of education.

19. The **adolescent development** strategy will adopt a participatory approach involving young people in all stages of project design and implementation to carry out life skills training, the development of culturally and linguistically appropriate communications approaches, and enhancing youth networks. It will build on the previous activities of participatory research and life skills curriculum development. The programme is designed to cover all 13 programme countries if funding and staff are available, but will continue in those five where it is currently supported (Vanuatu, Tonga, Fiji, Solomon Islands and Federated States of Micronesia). Regional partnerships have been established with the Commonwealth Youth Programme, the Secretariat of the Pacific Community, the Peace Corps, the United Nations Population Fund and WHO. Coordination is facilitated through the regional United Nations Inter-agency Task Forces on Youth (chaired by UNICEF) and HIV/AIDS (chaired by WHO). UNICEF cooperates closely with other organizations involved in youth leadership training, policy formulation and reproductive health service delivery. These efforts address the MTSP priority of reducing adolescent vulnerability to HIV.

20. An **integrated area-based** approach is used to provide the additional support necessary for the three high priority countries for project planning, monitoring and evaluation. This approach will also provide locally-based capacity to advocate for children's issues and to coordinate the assistance of UNICEF with other donors. The integrated area-based programme will provide direct support for multisectoral work such as social planning and database development. In addition to supporting the integrated ECD efforts mentioned above, other examples of projects in the integrated area-based approach include peace education dramas being carried out by youth in Solomon Islands and the province-wide child-friendly schools project in Vanuatu.

21. The **planning, monitoring and evaluation** component will assist all 13 programme countries to develop baseline data through rapid surveys and links to national surveys. This component provides resources to monitor, coordinate and evaluate all programme interventions. At the national level, UNICEF will work with the Government and United Nations partners to ensure timely and disaggregated data on the situation of children and women using DevInfo. Technical assistance

will facilitate the achievement of objectives in the integrated child health and development programme through support to communities in participatory planning, monitoring and evaluation. At the regional level, UNICEF will use ChildInfo to collect information and compare data across countries.

22. **Cross-sectoral costs** will provide support for the effective delivery of programmes, specifically key staff functions in the area of administration and supply.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Rights advocacy and protection	1 000	2 000	3 000
Integrated child health and development	2 500	3 000	5 500
Adolescent development	1 300	3 000	4 300
Integrated area-based	4 000	3 500	7 500
Planning, monitoring and evaluation	1 000	500	1 500
Cross-sectoral costs	200	–	200
Total	**10 000**	**12 000**	**22 000**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.